

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility Inspection Record

 TYPE: **Weekly**
 FORM: **PC-RW01**

Date of Inspection: _____ Time: _____ AM/PM						PAGE _1_ OF 1__	
SITE PERIMETER							
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS		
		OK	NOT OK				
PERIMETER RUN-OFF DIKES	Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration.						
SECURITY FENCE:	Inspect for integrity, breaks of damage						
	Check for erosion that would allow for unauthorized entry.						
	Check gates for proper function						
	Check for presence of warning signs at proper intervals (≤ 120 feet apart) and at all gates						
	Inspect signs for deterioration (fading, damage, etc.)						
Inspector's Name: _____ Inspector's Signature: _____							
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):							
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>							
ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO							
REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO							